



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

MAY 21 1982

Raymond Bielewski, Sr. Engineer
GMC Hydra Matic Division
Warren Plant
23500 Mound Road
Warren, Michigan 48091

RE: Interim Status Acknowledgement USEPA ID No. MID005356811
FACILITY NAME: GMC HYDRA MATIC DIVISION WARREN PLANT

Dear Mr. Bielewski:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

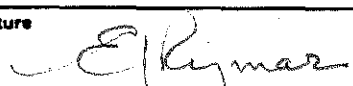
Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: George W. Griffith, General Manager

HC
5/18/82

ID — For Official Use Only											
C											
W											
										T/A	C
											1
IX. Description of Hazardous Wastes (continued from front)											
A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.											
1		2		3		4		5		6	
F 0 0 6		D 0 0 7		D 0 0 8							
7		8		9		10		11		12	
B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.											
13		14		15		16		17		18	
19		20		21		22		23		24	
25		26		27		28		29		30	
C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.											
31		32		33		34		35		36	
37		38		39		40		41		42	
43		44		45		46		47		48	
D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.											
49		50		51		52		53		54	
E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)											
<input type="checkbox"/> 1. Ignitable (D001)			<input checked="" type="checkbox"/> 2. Corrosive (D002)			<input type="checkbox"/> 3. Reactive (D003)			<input checked="" type="checkbox"/> 4. Toxic (D004)		
X. Certification											
<i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</i>											
Signature 				Name and Official Title (type or print) E. J. RYMAR Plant Manager				Date Signed Sept 18/86			

EPA Form 8700-12 (Rev. 11-85) Reverse

BILLING CODE 6560-50-C



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MID005356811

REACKNOWLEDGEMENT

GMC HYDR-MATIC DIVISION WARREN PLANT
23500 MOUND RD
WARREN MI 48091

INSTALLATION ADDRESS

23500 MOUND RD
WARREN

MI 48091

HYDRAMATIC



Division of General Motors Corporation
23500 Mound Road, Warren, Michigan 48091

A21

Add Waste Code: F012

3-11-81 gdo

November 5, 1980

Y.J. Kim
EPA Region V
RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

Re: Notification of Hazardous Waste Activity
GMC Hydra-matic Division
Warren Plant
23500 Mound Road
Warren, Michigan 48091
EPA ID No. "MID005356811"

Dear Sir:

Subsequent to our submission to your office of EPA Form 8700-12 on August 24, 1980, it has come to our attention that certain information was inadvertently omitted from our Notification of Hazardous Waste Activity (EPA Form 8700-12).


Pursuant to advice General Motors received from EPA personnel in Washington, we are requesting that the EPA Form 8700-12 submitted for the facility identified above be modified to reflect the hazardous waste activities shown below. Please note that this facility has been assigned an EPA identification number.

The following information was inadvertently omitted:

Part IX Description of Hazardous Wastes

Section A Hazardous Wastes from Non-specific Sources: F012, F007, F017.

Please incorporate this additional information on EPA Form 8700-12 for this facility. If you have any questions, please contact John Zimmerman at (313) 575-1813.


R.H. Metals
Plant Manager

cc. R.H. Metals
J. Chu
J.M. Pelton
J.W. Zimmerman
File

NOV 18 1980

I.D. - FOR OFFICIAL USE ONLY

S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
W	M	I	D	0	0	5	3	5	6	8	1	2	1		

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 1 8 23 - 26	2 F 0 0 6 23 - 26	3 F 0 0 1 23 - 26	4 F 0 0 8 23 - 26	5 F 0 1 7 23 - 26	6 F 0 0 7 23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 1 2 3 23 - 26	32 U 1 8 8 23 - 26	33 U 0 8 0 23 - 26	34 U 1 5 9 23 - 26	35 U 0 5 2 23 - 26	36
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



Plant Manager

7-24-80

EPA Form 8700-12 (6-80) REVERSE

0801 80 00A



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

MAR 22 1983

RECEIVED

5HW-13

MAR 29 1983

GOV DETROIT DIST

Mr. D. C. Forshee
General Manufacturing Manager
Hydramatic Division Warren Plant
General Motors Corporation
Ypsilanti, Michigan 48197

RE: Withdrawal of Part A
(Wastewater Treatment Unit and
Storage Fewer Than 90 Days)

FACILITY NAME: GMC Hydramatic Division-Warren Plant
U.S. EPA ID. NO: MID005356811

Dear Mr. Forshee:

This is to acknowledge that the United States Environmental Protection Agency (U.S. EPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of December 7, 1982, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility has a wastewater treatment unit as defined in 40 CFR Part 260.10 and has accumulated wastes generated on site for fewer than 90 days in containers or tanks since November 19, 1980, in accordance with 40 CFR Part 262.34. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must ensure that your waste is handled in accordance with 40 CFR Part 262.34 (enclosed), and applicable State and local requirements.

You will retain your U.S. EPA Identification number if you notified as a generator of a hazardous waste.

Please contact Mr. Joseph M. Boyle of the Technical, Permits, and Compliance Section at (312) 886-3754 for assistance if you have any questions.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: R.J. Bielewski
Alan J. Howard

not file w/pt 12

HYDRA-MATIC



Division of General Motors Corporation Ypsilanti, Michigan 48197
December 7, 1982

Joe Boyle
Waste Management Branch
RCRA Activities
U. S. Environmental Protection Agency - Region V
P. O. Box 7801
Chicago, Illinois 60680

Re: Hazardous Waste Permit Revision
General Motors Corporation
Hydra-matic Division
Warren Plant
23500 Mound Road
Warren, Michigan 48091
EPA ID No. MID 005356811 PAI G, TSD

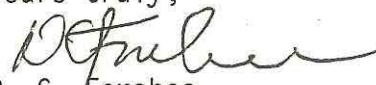
NO ACTION TAKEN
PENDING DECISION ON WITHDRAWAL
BY EPA STAFF
DATE 1/07/83

Dear Sir:

On November 30, 1982, a telephone conversation was held with Mr. R. J. Bielewski and yourself concerning clarification of the Part "A" and Part "B" withdrawal letter dated November 3, 1982. As a result of that conversation the following information is being forwarded for your review. With regard to the 673,000 gallon drum storage area indicated on line 1, pg. 1, form 3 of our Part "A" application, a close review of our operations indicates that only empty drums are stored in this area. All drums containing hazardous wastes are shipped off site in less than 90 days. Based on this fact, the storage area is exempt under Regulation 40 CFR 122.21 (d)(2)(i). The 576,000 gallon per day treatment capacity indicated on line 2, pg. 1, form 3 of our Part "A" application, and the 55,300 gallon storage capacity indicated on line 3, pg. 1, form 3 of our Part "A" application, represent the on site waste treatment facility. Under Regulation 40 CFR 122.21 (d)(2)(vi) these activities are exempt.

In conclusion, the final review indicates that the Warren Facility does not require the Part "A" interim status or Part "B" Permit. If there are any further questions please contact Mr. R. J. Bielewski at (313) 575-0130.

Yours truly,

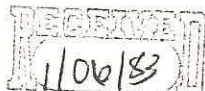

D. C. Forshee
Genl. Manufacturing Manager

WES/RJB

cc: Messrs. R. J. Bielewski
H. L. Hopkinson
K. J. Kelpitsch
File

WASTE MANAGEMENT BRANCH (SAHWAT)
ENVIRONMENTAL PROTECTION AGENCY

5 JAN 1983



425

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">5</td> <td style="width:5%;">F</td> <td style="width:5%;">M</td> <td style="width:5%;">I</td> <td style="width:5%;">D</td> <td style="width:5%;">0</td> <td style="width:5%;">0</td> <td style="width:5%;">5</td> <td style="width:5%;">3</td> <td style="width:5%;">5</td> <td style="width:5%;">6</td> <td style="width:5%;">8</td> <td style="width:5%;">1</td> <td style="width:5%;">1</td> <td style="width:5%;">3</td> <td style="width:5%;">D</td> </tr> </table>	5	F	M	I	D	0	0	5	3	5	6	8	1	1	3	D
5	F	M	I	D	0	0	5	3	5	6	8	1	1	3	D				
LABEL ITEMS II. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE																	

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		N/A	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C	1	SKIP	GMC HYDRA-MATIC DIVISION, WARREN PLANT
---	---	------	--

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
C	2	BIELEWSKI, RAYMOND, SR. ENGINEER	3	1	3	5	7

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
C	3	23500 MOUND ROAD	
B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	4	WARREN	MI 48091

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
C	5	23500 MOUND ROAD	
B. COUNTY NAME		C. CITY OR TOWN	D. STATE
C	6	WARREN	MI
E. ZIP CODE		F. COUNTY CODE (if known)	
C	7	48091	099

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	3	7	C	7	3	4
15	16	17	18	15	16	17	18
(specify) Motor Vehicle Parts and Accessories				(specify) Automotive Job Stampings for Trucks, Busses, and Passenger Cars			
C. THIRD				D. FOURTH			
C	7	9	9	C	7		
15	16	17	18	15	16	17	18
(specify) Misc. Receipts- Repair Work, Installations, Sale of Scrap, etc.				(specify)			

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?		
C																	
15	G M C H Y D R A - M A T I C D I V I S I O N , W A R R E N P L A N T															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
66																	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE					M = PUBLIC (other than federal or state) O = OTHER (specify)					P (specify)					C A				
															3 1 3 5 7 5 0 5 1 5				
															15 16 17 18 19 20 21 22 23 24				

E. STREET OR P.O. BOX																								
2 3 5 0 0 M O U N D R O A D																								
26 27 28 29 30 31 32 33 34 35																								

F. CITY OR TOWN															G. STATE		H. ZIP CODE		IX. INDIAN LAND	
B W A R R E N															M I		4 8 0 9 1		Is the facility located on Indian lands?	
																			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
																			52	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C T I					9 N N / A					C T I					9 P N / A				
15 16 17 18					30					15 16 17 18					30				
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C T I					9 U N / A					C T I					9 S E E A T T A C H E D (specify)				
15 16 17 18					30					15 16 17 18					30				
															Air Pollution Permits				
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C T I					9 R N / A					C T I					(specify)				
15 16 17 18					30					15 16 17 18					30				

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9:A/50

XII. NATURE OF BUSINESS (provide a brief description)

Automotive Component Manufacturing

F9:A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
George W. Griffith General Manager																				11-19-80									

COMMENTS FOR OFFICIAL USE ONLY

C																								
15 16 17 18 19 20 21 22 23 24 25																								

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

425

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER														
			M I D 0 0 5 3 5 6 8 1 1 3 1														
			13 14 15														

OFFICIAL USE ONLY										COMMENTS
DATE RECEIVED (yr., mo., & day)										
23 24 25 26 27 28										

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
DEJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S C										T/A C 3 1									
1 2										13 14 15									
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY		
		1. AMOUNT (specify)			2. UNIT OF MEA- SURE (enter code)						1. AMOUNT			2. UNIT OF MEA- SURE (enter code)					
X-1	S 0 2	600			G				5										
X-2	T 0 3	20			E				6										
1	S 0 1	673,000			G				7										
	T 0 1	576,000			U				8										
3	S 0 2	55,300			G				9										
4									10										

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY											
M I D 0 0 5 3 5 6 8 1 1 3 1													S W DUP 3 2 DUP											
DESCRIPTION OF HAZARDOUS WASTES (continued)																								
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																				
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))												
1	D 0 0 1	4,400,000	P	S	0	1																		
2	D 0 0 2	89,000,000	P	S	0	1																		
3	D 0 0 3	3,600,000	P	S	0	1																		
4	D 0 0 7	1,900,000	P	S	0	1																		
5	F 0 0 7	8,197,400	P	T	0	1																		
6	F 0 0 8															Included With Above								
7	F 0 1 7															Included With Above								
8	D 0 0 3															Included With Above								
9	F 0 0 1	2,500,000	P	S	0	2																		
10	F 0 0 6	525,000,000	P	S	0	2																		
11	F 0 0 7															Included With Above								
12	F 0 0 8															Included With Above								
13	F 0 1 2															Included With Above								
14	F 0 1 7															Included With Above								
15	F 0 1 8															Included With Above								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								

IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	M	I	D	0	0	5	3	5	6	8	1	1	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on-page 5 a scale drawing of the facility (see instructions for more detail).

F6:P/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6:P/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

Closest Available Point 4 2 2 7 43 0 N 300

Closest Available Point 8 3 0 2 43 0 W 300

VIII. FACILITY OWNER

XX

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX															4. CITY OR TOWN															5. ST.					6. ZIP CODE				
F															G																								

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

George W. Griffith

B. SIGNATURE



C. DATE SIGNED

11-19-80

X. OPERATOR CERTIFICATION

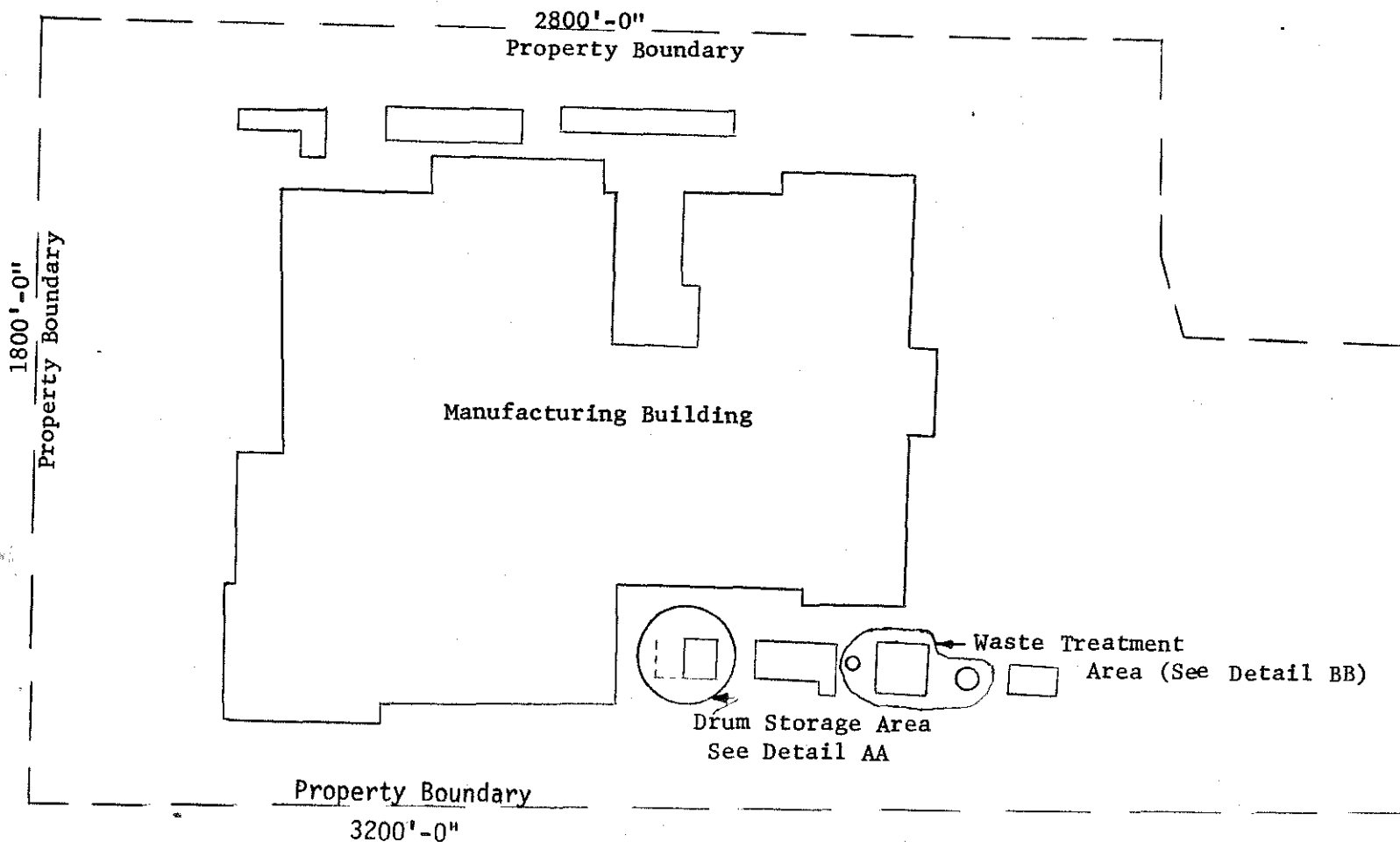
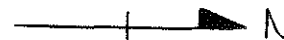
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

GMC Hydra-matic, Warren Plant



425

VI.



Drum Storage Area

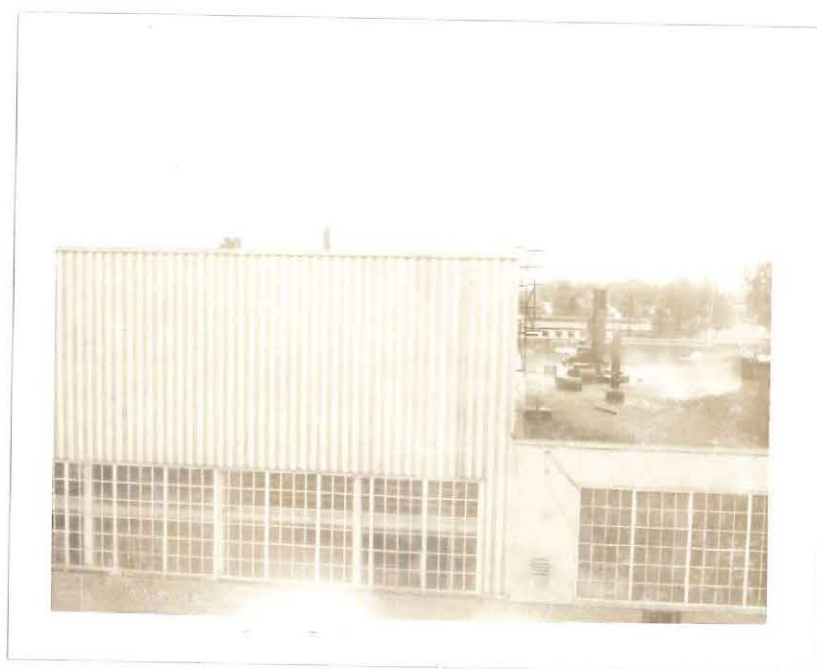
(Looking North)

Photograph taken 10-13-80

VI.



Waste Treatment Area
(Looking Northeast)
Photograph taken 10-20-80



Waste Treatment Area
(Looking East)
Photograph taken 10-20-80

VI.



Waste Treatment Area

(Looking Southeast)

Photograph taken 10-20-80

EPA Hazardous Waste Permit Application

Form 1

Section X

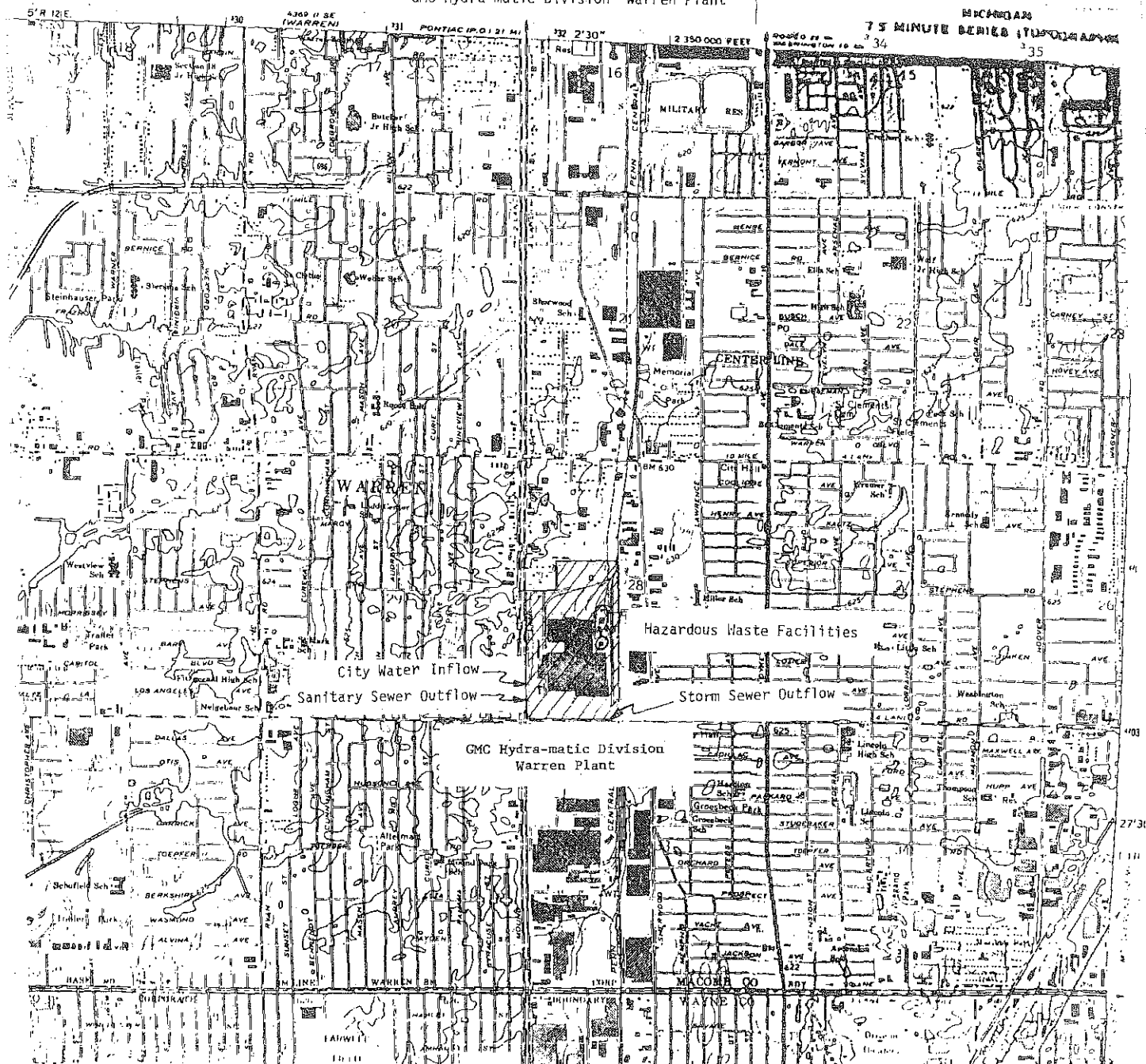
MD095356811

E. Air Pollution Permit Numbers

1. 310-74
2. 311-74
3. 195-75
4. 682-77
5. 535-78
6. 536-78
7. 537-78
8. 537-78A
9. 538-78
10. 539-78
11. 540-78
12. 919-78
13. 920-78A
14. 920-78B
15. 1000-78
16. 1040-78

Form 1
Section XI

EPA Hazardous Waste Permit
GMC Hydra-matic Division Warren Plant



Mapped, edited, and published by the Geological Survey
in cooperation with State of Michigan agencies

Control by USGS, USC&GS, and City of Detroit

Planimetry by photogrammetric methods from aerial photographs
Topography by planimetric surveys 1938. Revised from aerial
photographs taken 1967. Field checked 1968

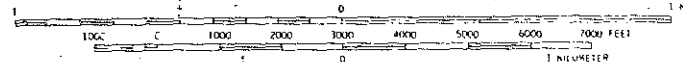
Polyconic projection. 1927 North American datum
10,000-foot grid based on Michigan coordinate system, south zone
1000-meter Universal Transverse Mercator grid ticks,
zone 17, shown in blue

Red tint indicates areas in which only landmark buildings are shown

Revisions shown in purple compiled from aerial photographs
taken 1973. This information not field checked

Purple tint indicates areas in which only landmark buildings are shown

UTM GRID AND 1973 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET



CONTOUR INTERVAL 5 FEET
DATUM IS MEAN SEA LEVEL

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

QUADRANGLE LOC

HYDRA-MATIC



Division of General Motors Corporation Ypsilanti, Michigan 48197

February 24, 1984

RCRA Activities
EPA, Region V
P. O. Box A3587
Chicago, IL 60690-3587

Dear Sir,

Enclosed please find completed biennial reports for the Constantine, Three Rivers, Warren and Ypsilanti, Michigan, Hydra-matic Division of G.M.C. plants. These reports are being submitted in compliance with Sections 3002, 3004 and 3007 of the Resource Conservation and Recovery Act and Subparts 264.75 and 262.41 of Title 40 of the Code of Federal Regulations.

James A. Denton

James A. Denton
Environmental Engineering
Hydra-matic Division of G.M.C.

ENVIRONMENTAL PROTECTION AGENCY
GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
- 2 Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- 9 Closed

Please print/type with elite type (12 characters per inch)

II. GENERATOR'S EPA I.D. NUMBER

T/A C
F M I D 10 10 15 13 15 16 18 11 13 14 15
1 2 13 14 15

9

This Installation's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently
- ☐ Other _____

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF INSTALLATION

H Y D R A - I - M A T I C W A R R E N P L A N T
30 69

IV. INSTALLATION MAILING ADDRESS

3 2 13 15 10 10 M O U N D R O A D
15 16 45

Street or P.O. Box

4 W A R R E N M T 4 8 0 9 1
15 16 41 42 47 51
City or Town State Zip Code

V. LOCATION OF INSTALLATION (if different than section IV above)

5
15 16 45

Street or Route number

6
15 16 41 42 47 51
City or Town State Zip Code

VI. INSTALLATION CONTACT

2 J O S E P H R D U N N
15 16 45

Name (last and first)

3 1 3 1 - 5 7 5 1 - 0 5 1 1 9
46 55

Phone No. (area code & no.)

VII. CERTIFICATION

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER THE DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

D.C. Forshee Gen. Mfg. Manager

Print/Type Name

Title

Signature of Authorized Representative

2/17/84

Date Signed

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:

Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

G M I D 0 0 5 3 5 6 8 1 1 T/A C
1 2 13 14 15

X. FACILITY'S EPA I.D. NO.

F M I D 0 0 0 0 0 0 3 1 0 4
16 28

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

CHEM-MET

XI. FACILITY ADDRESS

18550 Allen Rd.
Wyandotte, MI. 48192

XII. TRANSPORTATION SERVICES USED

MID 096963194

CHEM-MET

18550 Allen Rd.

Wyandotte, MI. 48192

MID 004914032

DOESCH

5435 E. Davison

Detorrit, MI. 48211

XIII. WASTE IDENTIFICATION

Sequence #	Line	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
1	1	Oily Sludge	115	D101017	5101214191010	P
2	2	E.P. Toxic	3334	4346475051	5960	
3	3	Paint Sludge	08	D101011	143101010	P
4	4	Flammable Liquid				
5	5					
6	6					
7	7					
8	8					
9	9					
10	10					
11	11					
12	12					

XIV. COMMENTS (enter information by section number—see instructions)

Do not make entries in shaded area

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

G M I D O O 5 3 5 6 8 1 1 T/A C
1 2 13 14 15

X. FACILITY'S EPA I.D. NO.

F M I D O 7 2 5 8 5 7 5 5
16 28

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

TRI CIL ENVIRONMENTAL SERVICES

XI. FACILITY ADDRESS

3030 Wood
Muskegon Heights, MI. 49444

XII. TRANSPORTATION SERVICES USED

MID 000717074

Wooster Industrial Services
23331 Liberth
St. Clair Shores, MI. 48080

XIII. WASTE IDENTIFICATION

Sequence #	Line	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Oily Sludge E-P: Toxic	1 5 33 34	D1 O1 O1 7 35 38 39 42 43 46 47 50	1 6 9 9 0 3 4 51 59 60	P
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Tear out here

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:

Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G	M	I	D	O	O	5	3	5	6	8	1	1			
1	2											13	14	15	

X. FACILITY'S EPA I.D. NO.

[illegible]

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Wayne Disposal

XI. FACILITY ADDRESS

49350 N. Service Dr.
Belleville, Mi. 48111

XII. TRANSPORTATION SERVICES USED

MLD 004914032

Doesch
5435 E. Davison
Detroit, Mi. 48211

XIII. WASTE IDENTIFICATION

XIII. WASTE IDENTIFICATION										
Sequence #	Line	A. Description of Waste	B. DOT Hazard code		C. EPA Hazardous Waste No. (see instructions)				D. Amount of Waste	E. Unit of Measure
29	1	Plastic With Caustic Soda	33	34	43	D 10	10 12	35 38 39 42	9 0 3 7	P
	2								59	60
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
	11									
	12									

XIV. COMMENTS (enter information by section number—see instructions)

